

CLAIMS ONLY						Application Number 101062,467	Filing Date		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		
	Indep	Depend	Indep	Depend	Indep	Depend	*	*	*
1	/		/		/		51		
2	/		/		/		52		
3		/		/		/	53		
4	/		/		/		54		
5	/		/		/		55		
6		/		/		/	56		
7						/	57		
8						/	58		
9						/	59		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	4		4		5		Total Indep		
Total Depend	2	2	2	6			Total Depend		
Total Claims	6		6		11		Total Claims		